

Hinds Community College Office of Financial Aid 2019-2020 Bachelor's Degree Verification

Office Use Only:				
Name:				
ID:				
Received by:				

			Verification	Received by:FA19CBDF
A. STUDEN	IT INFORMATION			
Last Name	First Name	M.I.	ID Number (REQUIRED)	Phone number
B. BACHEL	OR DEGREE VERIFI	CATION		
On your FAFS	4, you indicated that you hav	e a Bachelor's deg	ree. For verification purposes, pleas	e check the appropriate box below.
	Yes, I do have a Bach	elor's degree.		
	No, I do not have a B	achelor's degre	ee.	
C. CERTIF	ICATION			
I certify that a	II information reported to qua	alify for Federal St	udent Aid is complete and correct.	
				Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.
Student Si	gnature:			Date:

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies:

EEOC Compliance: Sherry Franklin, Vice President for Utica Campus and Administrative Services, Box 1003, Utica, MS 39175; Phone: 601.885.7002 or Email: EEOC@hindscc.edu.

Title IX: Randall Harris, Vice President for Advancement and Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.857.3889 or Email: Titleix@hindscc.edu.